

State of California
Department of Industrial Relations - Division of Occupational Safety and Health
Permanent Amusement Ride Unit

Certificate of Compliance

Date _____

Amount Enclosed **\$250.00**

Owner's Name

Owner's Phone _____

Owner's Address

City State Zip

Operator's Name if different from above

Operator's Phone _____

Operator's Address

City State Zip

Location Name (park, mall, restaurant, FEC)

Location of Ride (Address, City, State, Zip)

Signature (Owner, Operator or Responsible Party) Print Name Date

QSI Declaration (344.7(b)(4))

I, the undersigned Qualified Safety Inspector, attest that within the preceding 12-month period, I have inspected a total of _____ permanent amusement ride(s) listed on the reverse of this form. My inspection included a competent review of the ride's safety-related systems and structural attributes, and based on this inspection I have determined that the ride is functioning properly. The following individuals with QSI certification numbers listed (if applicable), assisted with the completion of the ride inspection.

This written declaration is made under penalty of perjury of the laws of the State of California.

QSI Inspector's Signature QSI Certificate Number

Note: The fee for review of Certificates of Compliance and provision of related notifications shall be two hundred and fifty dollars (\$250.00) Title 8 344.16(a). The fee shall be enclosed with this certificate as a check made out to: Department of Industrial Relations PAR Inspection Fund.

Certificate of Compliance Ride List
(Must be completed by the QSI performing certification)

Location of Ride _____

Date Inspected	State Registration Number *	Ride Name	Trade Name	Manufacturer	Serial Number	Model Number

Additional forms may be used as necessary for each location.
*Note: Registration Number to be assigned at next Division Inspection